

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09779376

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4	1					
5	1					
6	1					
7	1					
8						
9						
10						
11						
12						
13						
14						
15						
16						
17	1					
18						
19						
20						
21						
22						
23						
24	1					
25	1					
26	1					
27	1					
28	1					
29		1				
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46						
47						
48						
49						
50						
TOTAL IND.	11					
TOTAL DEP.	66					
TOTAL CLAIMS	77					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS